

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/830557
16f 2

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
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48		2		2		
49		2		2		
50		2		2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2		2		
52		2		2		
53		2		2		
54		2		2		
55		2		2		
56		2		2		
57		2		2		
58	1			2		
59		1	1			
60		1		1		
61		2		1		
62		2		2		
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91		2		2		
92		2		2		
93		2		2		
94		2		2		
95		2		2		
96	1			2		
97		1	1			
98		1		1		
99		2		2		
100		2		2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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SERIAL NO.

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					1	
TOTAL DEP.					3	
TOTAL CLAIMS					4	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS